

# State Fire Assistance Grant Application

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Matching Share:	

\*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information	
1	Applicant:
	Contact Person:
	Address:
	City/Zip Code:
	Phone (Work/Cell):
	Email:
	Fax:
	Federal Tax ID\DUNS #:

Community At Risk Information	
2	Name of Project:
	Community Name:
	County(ies):
	Congressional District:
	Latitude: Longitude:

Grant Contributors (Matching Share)							
(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.							
3	Contributors Name:						TOTAL
	Dollars (Hard Match):						
	In-Kind (Soft Match):						
	TOTAL:						

Total Project Expense (break down matching share totals from block #3)					
4	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:				
	Indirect Costs:				
	TOTAL:				

5	<b>Budget Narrative</b>	

6	<b>Project Area Description</b>	

7	<b>Scope of Work</b>	

8	<b>Project Summary</b> (check all that apply and answer related questions)			
	<b>Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration</b>			
	<b>Number of acres to be treated:</b>		<b>Estimated cost per acre:</b>	
	<b>Number of communities directly affected by this project:</b>			
	<b>Project Category 2: Information &amp; Education</b>			
	<b>Number of citizens to be reached:</b>			
	<b>Project Category 3: Planning</b>			
	<b>Number of residences affected:</b>			

9	<b>Interagency Collaboration</b>			
	<b>Community Wildfire Protection Plan (CWPP)</b>			
	<b>Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines?</b>			
	<b>Is this project part of the plan?</b>			
	<b>Where would we obtain a copy of this plan?</b>			
	<b>Is this project identified in your Statewide Forest Resource Assessment and Strategy?</b>			

10	<b>Project Timeline</b>			

11	<b>Maintenance / Sustainability</b>	

12	<b>Landscape Scale</b>	

**ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.**